UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

SHAQUAN BUTLER,

Plaintiff,

-against-

23-CV-00455 (AS)

<u>ORDER</u>

CITY OF NEW YORK, et al.,

Defendants.

ARUN SUBRAMANIAN, United States District Judge:

On June 5, 2023, defendant provided plaintiff with the identities, shield numbers, and service addresses of the five "John Doe" DOC correction officers who, upon information and belief, were involved in the incident with plaintiff. *See* ECF No. 9. By prior order of this Court, plaintiff had until July 5, 2023, to amend his complaint to add those defendants. *See* ECF No. 6 (giving plaintiff thirty days from receipt of information to amend complaint). Plaintiff has failed to do so.

This Court will extend the deadline for amending the complaint from July 5, 2023, to September 29, 2023. By that date, plaintiff must file an amended complaint naming the proper defendants. Plaintiff should mail the amended complaint to Pro Se Intake at: United States District Court, Southern District of New York, 500 Pearl Street, New York, NY 10007, ATTN: Pro Se Intake.

The amended complaint will replace, not supplement, the original complaint. An amended complaint form that plaintiff should complete is attached to this order. Once plaintiff has filed an amended complaint, the Court will screen the complaint and, if necessary, issue an order asking defendants to waive service. If plaintiff fails to file an amended complaint, plaintiff's case against the "John Doe" defendants will be dismissed.

The Clerk of Court is respectfully directed to mail a copy of this Order (with the attached amended complaint form and letter from ECF No. 9) to the pro se plaintiff.

SO ORDERED.

Dated: August 22, 2023

New York, New York

ARUN SUBRAMANIAN

United States District Judge

		ISTRICT COURT ISTRICT OF NEW YORK		
(In the	-	enter the full name(s) of the plaintiff(s).)	AMENDED COMPLAINT under the Civil Rights Act, 42 U.S.C. § 1983	
			Jury Trial: □ Yes □ No (check one)	)
			Civ( )	
canno please additi listed	ot fit the names  e write "see of  ional sheet of  in the above of	enter the full name(s) of the defendant(s). If you of all of the defendants in the space provided, attached" in the space above and attach an paper with the full list of names. The names aption must be identical to those contained in hould not be included here.)		
I.	Parties in	this complaint:		
A.	-	name, identification number, and the name nt. Do the same for any additional plaintiffs nry.		
Plain	ID Cu	ame#drrent Institutionddress		
B.	may be sen	rendants' names, positions, places of employments. Make sure that the defendant(s) listed bettion. Attach additional sheets of paper as necession.	low are identical to those contained in t	
Defendant No. 1		NameWhere Currently EmployedAddress		
				_

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Defenda		Name	
		Where Currently Employed	
		Address	
Defenda	nt No. 3	Name	Shield #
		Where Currently EmployedAddress	
Defenda	int No. 4	Name	
		Where Currently EmployedAddress	
Defenda	nt No. 5	Name	
		Where Currently EmployedAddress	
State as		ossible the <u>facts</u> of your case. Describe how	
State as caption of You may rise to you number a	briefly as poof this compley wish to incour claims.		es and locations of all relevant persons involved in the events to allege a number of related ditional sheets of paper as nec
State as caption of You may rise to you number a	briefly as poof this compley wish to incour claims. and set forth	ossible the <u>facts</u> of your case. Describe how aint is involved in this action, along with the date lude further details such as the names of other po not cite any cases or statutes. If you intend each claim in a separate paragraph. Attach ad-	es and locations of all relevant persons involved in the event to allege a number of related ditional sheets of paper as neo
State as caption of You may rise to you number a	briefly as poof this compley wish to incour claims. and set forth	ossible the <u>facts</u> of your case. Describe how aint is involved in this action, along with the date lude further details such as the names of other po not cite any cases or statutes. If you intend each claim in a separate paragraph. Attach addition did the events giving rise to your claim(s	es and locations of all relevant persons involved in the event to allege a number of related ditional sheets of paper as new (s) occur?
State as caption of You may rise to you number a	briefly as poof this compley wish to incour claims. and set forth	ossible the <u>facts</u> of your case. Describe how aint is involved in this action, along with the date lude further details such as the names of other poon to cite any cases or statutes. If you intend each claim in a separate paragraph. Attach addition did the events giving rise to your claim(separate paragraph) institution did the events giving rise to your claim(separate paragraph).	es and locations of all relevant persons involved in the events to allege a number of related ditional sheets of paper as necessity occur?
State as caption of You may rise to you number:  A. I. B. C.	briefly as poof this compley wish to incour claims. and set forth  In what instit  Where in the	ossible the <u>facts</u> of your case. Describe how aint is involved in this action, along with the date lude further details such as the names of other poon to cite any cases or statutes. If you intend each claim in a separate paragraph. Attach addition did the events giving rise to your claim(separate paragraph) institution did the events giving rise to your claim(separate paragraph).	es and locations of all relevant persons involved in the event to allege a number of related ditional sheets of paper as new (s) occur?

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III. If y	ou sustaine	ed injuries r	elated to the red and recei	events alle	ged above, d	lescribe then	n and state w	hat medical
IV.	Exhau	stion of Adn	ninistrative l	Remedies:				
broi pris	ught with re oner confin	espect to pris ed in any jail	on condition, prison, or o	s under secti ther correcti	on 1983 of th onal facility u	iis title, or an	that "[n]o act ny other Feder ninistrative ren ce procedures.	al law, by a
A.	Did vo	ur claim(s) a	rise while vo	ou were conf	ined in a iail.	prison, or o	ther correction	nal facility?
			- 3 -		·· <b>J</b> ··· <del></del> ,	1 ,		
	Yes	No						

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	<u> </u>
	е Эе
Yes No Do Not Know	
Does the grievance procedure at the jail, prison or other correctional facility where your claim(arose cover some or all of your claim(s)?	s)
Yes No Do Not Know	
If YES, which claim(s)?	
	 ??
Yes No	
If NO, did you file a grievance about the events described in this complaint at any other jair prison, or other correctional facility?	1,
Yes No	
If you did file a grievance, about the events described in this complaint, where did you file the grievance?	ie _
1. Which claim(s) in this complaint did you grieve?	_
2. What was the result, if any?	_
3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal the highest level of the grievance process.	- to
	_
If you did not file a grievance:	_
1. If there are any reasons why you did not file a grievance, state them here:	
	_
	Yes No Do Not Know  Does the grievance procedure at the jail, prison or other correctional facility where your claim(s)?  Yes No Do Not Know  If YES, which claim(s)?  Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose Yes No  If NO, did you file a grievance about the events described in this complaint at any other jai prison, or other correctional facility?  Yes No  If you did file a grievance, about the events described in this complaint, where did you file the grievance?  1. Which claim(s) in this complaint did you grieve?  2. What was the result, if any?  3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal the highest level of the grievance process.

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	2.	If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:
G.	Please remedi	set forth any additional information that is relevant to the exhaustion of your administrative es.
Note:	You m admini	ay attach as exhibits to this complaint any documents related to the exhaustion of your strative remedies.
v.	Relief:	
State w	hat you	want the Court to do for you (including the amount of monetary compensation, if any, that
you ar	e seeking	g and the basis for such amount).

VI.	Previ	ious lawsuits:			
A.	Have action	you filed other lawsuits in state or federal court dealing with the same facts involved in this 1?			
	Yes_	No			
В.	there	ar answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (It is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using time format.)			
	1.	Parties to the previous lawsuit:			
	Plain Defei	tiff			
	2.Court (if federal court, name the district; if state court, name the county)				
	3.	Docket or Index number			
	4.	Name of Judge assigned to your case			
	5.	Approximate date of filing lawsuit			
	6.	Is the case still pending? Yes No			
		If NO, give the approximate date of disposition			
	7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)			
C.	Have	you filed other lawsuits in state or federal court otherwise relating to your imprisonment?			
	Yes_	No			
D.	If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (I there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)				
	1.	Parties to the previous lawsuit:			
	Plain Defei	tiff			
	2.	Court (if federal court, name the district; if state court, name the county)			
	3.	Docket or Index number			
	4.	Name of Judge assigned to your case			
	5	Approximate date of filing lawsuit			

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On these claims

On other claims

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6.	Is the case still pending? Yes No
	If NO, give the approximate date of disposition
7.	What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?)
I de de J	
	day of, 20
	Signature of Plaintiff
	Inmate Number
	Institution Address
	aintiffs named in the caption of the complaint must date and sign the complaint and provide inmate numbers and addresses.
I declare unde	er penalty of perjury that on this day of, 20_, I am delivering
this complaint	to prison authorities to be mailed to the <i>Pro Se</i> Office of the United States District Court for
the Southern l	District of New York.
	Signature of Plaintiff



HON. SYLVIA O. HINDS-RADIX Corporation Counsel

# THE CITY OF NEW YORK LAW DEPARTMENT

100 CHURCH STREET NEW YORK, N.Y. 10007 BAILEY FORCIER

Assistant Corporation Counsel phone: (212) 356-5054 fax: (212) 356-2322 bforcier@law.nyc.gov

June 5, 2023

#### BY ECF

Honorable Mary Kay Vyskocil United States District Judge United States District Court Southern District of New York 40 Foley Square New York, New York 10007

Re: Shaquan Butler v. City of New York, et al.,

23 Civ. 0455 (MKV)

Your Honor:

I represent defendant the City of New York (the "City") in the above-referenced matter. Defendant City writes in response to the Court's <u>Valentin</u> Order dated April 4, 2023. (<u>See</u> ECF No. 6).

By way of background, plaintiff brings this action pursuant to 42 U.S.C. § 1983 alleging, *inter alia*, claims of excessive force against the City and multiple Department of Correction ("DOC") "John Doe" defendants related to an incident that occurred on December 29, 2022, in the main intake area of the George R. Vierno Center ("GRVC") on Riker's Island. (See ECF No. 2). On April 4, 2023, the Court issued a <u>Valentin</u> Order directing this Office to "ascertain the identity and badge number of each John Doe whom Plaintiff seeks to sue here and the addresses where the defendants may be served." (See ECF No. 6).

This Office now writes to provide plaintiff and the Court with the identities, shield numbers, and service addresses of the five "John Doe" DOC correction officers who, upon information and belief, were involved in an incident with plaintiff at GRVC on December 29, 2022:

- Correction Officer Christopher Young, Shield No. 10779, is currently assigned to GRVC, and may be served at 09-09 Hazen Street, East Elmhurst, NY 11370;
- Correction Officer William Blaszyck, Shield No. 14353, is currently assigned to GRVC, and may be served at 09-09 Hazen Street, East Elmhurst, NY 11370;

- Correction Officer Freddie Larry, Shield No. 17736, is currently assigned to GRVC, and may be served at 09-09 Hazen Street, East Elmhurst, NY 11370; and
- Correction Officer Curtis Tucker, Shield No. 12191, is currently assigned to GRVC, and may be served at 09-09 Hazen Street, East Elmhurst, NY 11370; and
- Captain Joshua Wigfall, Shield No. 1715, is currently assigned to GRVC, and may be served at 09-09 Hazen Street, East Elmhurst, NY 11370.

This Office respectfully notes that Correction Officers Young, Blaszyck, Larry, Tucker, and Captain Wigfall are current DOC employees. Thus, an electronic request for a waiver of service can be made pursuant to the e-service agreement for cases involving current DOC defendants, rather than by personal service at a DOC facility.

Thank you for your time and consideration.

Respectfully submitted,

|s| Bailey Forcier
Bailey Forcier
Assistant Corporation Counsel

#### cc: Via First-Class Mail

Shaquan Butler *Plaintiff* pro se Book & Case No. 441-22-02995 George R. Vierno Center 09-09 Hazen Street East Elmhurst, NY 11370